



THE COMMONWEALTH OF MASSACHUSETTS

Department of Agricultural Resources

Division of Animal Health, Standardbred Breeding Program

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STANDBRED YEARLING FOAL REGISTRATION

Completed form due May 15 of the year the foal is born

1. FOAL INFORMATION:

Foal's Registered Name: _____ (U.S.T.A. approved) Freezebrand/
tattoo# _____

Sire: _____ Dam: _____

Foal's Sex: Filly ☐ Colt ☐ Color: _____ Date of Foaling: _____

2. ELIGIBILITY:

Foal is eligible because (check one):

- ☐ This foal is sired by a Massachusetts registered stallion. Name of stallion: _____
- ☐ The dam of this foal was bred back to a Massachusetts stallion. (Mare must be listed on stallion's mares bred list)
- ☐ The dam of this foal was in Massachusetts on December 1 of the year prior to foaling and foaled in Massachusetts.

3. APPLICANT'S CERTIFICATE:

Applicant is: Breeder ☐ Owner ☐ Lessee ☐ of the above registered foal.

Foal owner or lessee: _____ Email: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Is this yearling eligible to another state's sire stakes/breeding program? Yes ☐ No ☐

If yes, what state? _____

I hereby certify under the pains and penalties of perjury that the information contained herein is accurate to the best of my belief and knowledge:

Applicant's signature: _____ Date: _____

Pursuant to M.G.L. Chapter 62C, Section 49A, I certify under the penalties of perjury that I, to the best of my belief and knowledge have filed all State tax returns and paid all State taxes required:

Applicant's signature: _____ Date: _____

Applicants printed name: _____